

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- ❖ Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- ❖ Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- ❖ Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- ❖ Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

State/Territory: MT
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature: _____
Mary Dalton, Health Resources Division Admin.

SCHIP Program Name(s): All, Montana

SCHIP Program Type:

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> | SCHIP Medicaid Expansion Only |
| <input checked="" type="checkbox"/> | Separate Child Health Program Only |
| <input type="checkbox"/> | Combination of the above |

Reporting Period: 2005 *Note: Federal Fiscal Year 2004 starts 10/1/03 and ends 9/30/04.*

Contact Person/Title: Linda Van Diest, Quality Assurance Manger

Address: Department of Public Health and Human Services

P. O. Box 202951

City: Helena State: MT Zip: 59620

Phone: (406)444-7887 Fax: _____

Email: lvandiest@mt.gov

Submission Date: 12/31/2005

*(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)*

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						From	0	% of FPL conception to birth	0	% of FPL
	From		% of FPL for infants		% of FPL	From	0	% of FPL for infants	150	% of FPL
	From		% of FPL for children ages 1 through 5		% of FPL	From	0	% of FPL for 1 through 5	150	% of FPL
	From		% of FPL for children ages 6 through 16		% of FPL	From	0	% of FPL for children ages 6 through 16	150	% of FPL
	From		% of FPL for children ages 17 and 18		% of FPL	From	0	% of FPL for children ages 17 and 18	150	% of FPL

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long?	<input type="checkbox"/>	Yes, for whom and how long?
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long?	<input type="checkbox"/>	Yes, for whom and how long?
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input type="checkbox"/>	No
			<input checked="" type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program on-line?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes – please check all that apply	<input type="checkbox"/>	Yes – please check all that apply
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input type="checkbox"/>	Electronic signature is required
	<input type="checkbox"/>		<input type="checkbox"/>	No Signature is required
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a face-to-face interview during initial application	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months 3	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months 12	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	

			If a child dies, turns age 19, moves from Montana, moves without notifying CHIP and we are unable to locate the family, is Medicaid eligible, becomes eligible for Montana state/university employee health insurance or is found to have other creditable health insurance coverage, coverage may be less than 12 months. NOTE: Twelve months of eligibility does not necessarily mean 12 months of enrollment due to time spent on the waiting list.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose copayments or coinsurance?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	

			\$1,440 annual work disregard for earners \$2,400 annual dependent care disregard for each individual receiving care
	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	N/A	

Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes, we send out form to family with their information pre-completed and	<input checked="" type="checkbox"/>	Yes, we send out form to family with their information pre-completed and
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input checked="" type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Comments on Responses in Table:

2. Is there an assets test for children in your Medicaid program? ☒ Yes ☐ No ☐ N/A
3. Is it different from the assets test in your separate child health program? ☒ Yes ☐ No ☐ N/A
4. Are there income disregards for your Medicaid program? ☒ Yes ☐ No ☐ N/A
5. Are they different from the income disregards in your separate child health program? ☒ Yes ☐ No ☐ N/A
6. Is a joint application used for your Medicaid and separate child health program? ☐ Yes ☒ No ☐ N/A

Enter any Narrative text below.

7. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate “yes” or “no change” by marking appropriate column.

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Benefit structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Prenatal Eligibility expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

r) Other – please specify

a.

b.

c.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	Montana developed a more simple and user-friendly 4-page application form. Additionally, families can now download applications off the internet (see www.chip.mt.gov).
c) Benefit structure	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
h) Eligibility levels / target population	
i) Assets test in Medicaid and/or SCHIP	
j) Income disregards in Medicaid and/or SCHIP	
k) Eligibility redetermination process	
l) Enrollment process for health plan selection	

m) Family coverage	
n) Outreach	
o) Premium assistance	
p) Prenatal Eligibility Expansion	
q) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
r) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three sub sections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data are available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four child health measures and three adult measures:

Child Health Measures

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

Adult Measures

- Comprehensive diabetes care (hemoglobin A1c tests)
- Adult access to preventive/ambulatory health services
- Prenatal and postpartum care (prenatal visits)

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

The table should be completed as follows:

- | | |
|-----------|---|
| Column 1: | <p>If you cannot provide a specific measure, please check the boxes that apply to your State for each performance measure, as follows:</p> <ul style="list-style-type: none">• <u>Population not covered</u>: Check this box if your program does not cover the population included in the measure. For example, if your State does not cover adults under SCHIP, check the box indicating, "population not covered" for the three adult measures.• <u>Data not available</u>: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.• <u>Not able to report due to small sample size</u>: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.• <u>Other</u>: Please specify if there is another reason why your state cannot report the measure. |
| Column 2: | <p>For each performance measure listed in Column 1, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or</p> |

HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2004).

Column 3: For each performance measure listed in Column 1, please indicate the data source(s); the definition of the population included in the measure (such as age, continuous enrollment, type of delivery system); the baseline measurement and baseline year; and your current performance, including the date of the most recent data reported. For rates, please specify the numerator and denominator that were used to calculate the rates. Please also note any comments on the performance measures or progress, such as data limitations, comparisons with external benchmarks, etc. and an explanation for changes from the baseline. Note: you do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

Measure	Measurement Specification	Performance Measures and Progress
<p>Well child visits in the first 15 months of life</p> <p>Not Reported Because:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain.</i></p> <p><input type="checkbox"/> Not able to report due to small sample size (less than 30.) <i>Specify sample size.</i></p> <p><input type="checkbox"/> Other. <i>Explain.</i></p>	<p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i></p> <p><input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i></p> <p><input type="checkbox"/> Other. <i>Explain.</i></p> <p>2004</p>	<p>Data Source(s): Data gathered by BCBS of Montana for SCHIP using claims data.</p> <p>Definition of Population Included in Measure: Standard HEDIS definition. Enrollees who turned 15 months old during the measurement year.</p> <p>Baseline / Year: (Specify numerator and denominator for rates) 2003 Denominator = 45 Numerator: 0 visit = 5 (11.11%) 1 visit = 3 (6.67%) 2 visits = 2 (4.44%) 3 visits = 6 (13.33%) 4 visits = 10 (22.22%) 5 visits = 13 (28.89%) 6+ visits = 6 (13.33%)</p> <p>Performance Progress/Year: (Specify numerator and denominator for rates) 2004 Denominator = 45 Numerator: 0 visits = 9 (20.00%) 1 visit = 3 (6.67%) 2 visits = 2 (4.44%) 3 visits = 3 (6.67%) 4 visits = 14 (31.11%) 5 visits = 9 (20.00%) 6+ visits = 5 (11.11%)</p>

Measure	Measurement Specification	Performance Measures and Progress
		<p>Explanation of Progress: SCHIP continues to stress the importance of well-child visits to families in its quarterly newsletter and verbal communications with families. We will continue focusing on the importance of well-child visits.</p> <p>Other Comments on Measure: During the past year SCHIP started mailing informational packets to families with newborns. The packets are titled "Healthy Start, Grow Smart." The packets include a brochure for each month of a child's life from birth through 12 months and includes information about the child's health care at that time in his life. The packets were developed and printed by the Departments of Agriculture, Education and Health and Human Services.</p>
<p>Well child visits in children the 3rd, 4th, 5th, and 6th years of life</p> <p>Not Reported Because:</p> <div data-bbox="73 932 453 1253"> <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain.</i> <input type="checkbox"/> Not able to report due to small sample size (less than 30.) <i>Specify sample size.</i> <input type="checkbox"/> Other. <i>Explain.</i> </div>	<div data-bbox="500 808 976 1094"> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i> <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i> <input type="checkbox"/> Other. <i>Explain.</i> </div> <p>2004</p>	<p>Data Source(s): Data gathered by BCBS of Montana for SCHIP claims data</p> <p>Definition of Population Included in Measure: Standard HEDIS definition. Enrollees who are 3, 4, 5 & 6 years old.</p> <p>Baseline / Year: (Specify numerator and denominator for rates) 29.01% / FFY 2003 Numerator = 322 Denominator = 1,110</p> <p>Performance Progress/Year: (Specify numerator and denominator for rates) 31.94%/ FFY 2004 Numerator = 375 Denominator = 1,174</p> <p>Explanation of Progress: There was a 2.93% increase in the number of children who had well-child visits.</p> <p>Other Comments on Measure: SCHIP continues to educate families about the importance and availability of well child visits.</p>
<p>Use of appropriate medications for children with asthma</p> <p>Not Reported Because:</p>		<p>Data Source(s): Data gathered by BCBS of Montana for SCHIP using claims data.</p>

Measure	Measurement Specification	Performance Measures and Progress
<input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain.</i> <input type="checkbox"/> Not able to report due to small sample size (less than 30.) <i>Specify sample size.</i> <input type="checkbox"/> Other. <i>Explain.</i>	<input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i> <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i> <input type="checkbox"/> Other. <i>Explain.</i> 2004	Definition of Population Included in Measure: Enrollees with persistent asthma who were prescribed medications acceptable as primary therapy for long-term control of asthma. Baseline / Year: (Specify numerator and denominator for rates) 54.22% / FFY 2003 Numerator = 90 Denominator = 166 Performance Progress/Year: (Specify numerator and denominator for rates) 68.70%/ 2004 Numerator = 90 Denominator = 131 Explanation of Progress: There was a 14.48% increase in the number of children receiving appropriate medications for asthma. Other Comments on Measure:
Children's access to primary care practitioners Not Reported Because: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain.</i> <input type="checkbox"/> Not able to report due to small sample size (less than 30.) <i>Specify sample size.</i> <input type="checkbox"/> Other. <i>Explain.</i>	<input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i> <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i> <input type="checkbox"/> Other. <i>Explain.</i> 2004	Data Source(s): Data gathered by BCBS of Montana for SCHIP using administrative data. Definition of Population Included in Measure: Children who were continuously enrolled during the reporting period with no more than one break in enrollment of up to 45 days during the reporting year. Additionally, the 7 to 11 year olds also had to be enrolled during the preceding year. Baseline / Year: (Specify numerator and denominator for rates) 2003 12–24 mo:115/123 93.50% 2–6 yrs:1,034/1,298 79.66% 7–11 yrs: 1,205/1,408 85.58% 12–19 yrs: 1,757/1,999 87.89%

Measure	Measurement Specification	Performance Measures and Progress
		<p>Performance Progress/Year: (Specify numerator and denominator for rates) 2004 12–24 mo: 129/137 94.16% (+ .66%) 2–6 yrs: 1,080/1,383 78.09% (-1.57%) 7–11 yrs: 1,270/1,511 84.05% (+1.53%) 12–19 yrs: 1,999/2,254 88.69% (+ .80%)</p> <p>Explanation of Progress: CHIP continues to educate families about the health care services available to them. The program also continues to recruit CHIP providers statewide to ensure access to care.</p> <p>Other Comments on Measure:</p>
<p>Adult Comprehensive diabetes care (hemoglobin A1c tests)</p> <p>Not Reported Because:</p> <div> <input checked="" type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain.</i> <input type="checkbox"/> Not able to report due to small sample size (less than 30.) <i>Specify sample size.</i> <input type="checkbox"/> Other. <i>Explain.</i> </div>	<div> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i> <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i> <input type="checkbox"/> Other. <i>Explain.</i> </div>	<p>Data Source(s):</p> <p>Definition of Population Included in Measure:</p> <p>Baseline / Year: (Specify numerator and denominator for rates)</p> <p>Performance Progress/Year: (Specify numerator and denominator for rates)</p> <p>Explanation of Progress:</p> <p>Other Comments on Measure:</p>
<p>Adult access to preventive/ambulatory health services</p> <p>Not Reported Because:</p> <div> <input checked="" type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain.</i> </div>	<div> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i> <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i> <input type="checkbox"/> Other. <i>Explain.</i> </div>	<p>Data Source(s):</p> <p>Definition of Population Included in Measure:</p> <p>Baseline / Year: (Specify numerator and denominator for rates)</p>

Measure	Measurement Specification	Performance Measures and Progress
<div> <input type="checkbox"/> Not able to report due to small sample size (less than 30.) Specify sample size. </div> <div> <input type="checkbox"/> Other. Explain. </div>		Performance Progress/Year: (Specify numerator and denominator for rates) Explanation of Progress: Other Comments on Measure:
Adult Prenatal and postpartum care (prenatal visits): <div> <input type="checkbox"/> Coverage for pregnant women over age 19 through a demonstration </div> <div> <input type="checkbox"/> Coverage for unborn children through the SCHIP state plan </div> <div> <input type="checkbox"/> Coverage for pregnant women under age 19 through the SCHIP state plan </div> <div> Not Reported Because: <input checked="" type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain. <input type="checkbox"/> Not able to report due to small sample size (less than 30.) Specify sample size. <input type="checkbox"/> Other. Explain. </div>	<div> <input type="checkbox"/> HEDIS. Specify version of HEDIS used. </div> <div> <input type="checkbox"/> HEDIS-Like. Explain how HEDIS was modified. Specify version of HEDIS used. </div> <div> <input type="checkbox"/> Other. Explain. </div>	Data Source(s): Definition of Population Included in Measure: Baseline / Year: (Specify numerator and denominator for rates) Performance Progress/Year: (Specify numerator and denominator for rates) Explanation of Progress: Other Comments on Measure:

SECTION IIB: ENROLLMENT AND UNINSURED DATA

- The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2004	FFY 2005	Percent change FFY 2004-2005
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	15,281	15,841	3

A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

- Three-year averages in the number and/or rate of uninsured children in each state based on the Current Population Survey (CPS) are shown in the table below, along with the percent change between 1996-1998 and 2001-2003. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FY 2005 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996-1998	32	5.2	12.0	2.0
1998-2000	32	5.2	13.0	2.0
2000-2002	20	3.6	8.8	1.5
2002-2004	23	3.8	10.0	1.6
Percent change 1996-1998 vs. 2002-2004	(28.1)%	NA	(16.7)%	NA

- A. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

See response to #4 below.

3. If your State has an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please report in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	Montana Household Survey
Reporting period (2 or more points in time)	December 2002 to May 2003
Methodology	The Montana Household Survey was conducted as a stratified random digit dial telephone survey. The data were collected by the Survey Research Center at the University of Montana – Missoula, Bureau of Business and Economic Research. The sample for the survey consisted of telephone numbers stratified by groups of telephone exchanges. The strata were created to as closely as possible resemble county and sub-county geography of the areas to be sampled. Within each stratum, each telephone number had an equal probability of selection for the survey. The survey collected information on the health insurance status of each person in the household and some demographic information about the primary wage earner in the household. The response rate was 75.2%. Statistical weights were constructed to adjust for the fact that not all of the survey respondents were selected with the same probability, and to adjust for different response rates in different groups. Across the different geographic strata, telephone numbers were sampled with different probabilities, in order to achieve the survey objectives of obtaining a certain number of completed interviews in particular geographic areas. Weights were calculated for age and gender. Households with more than one telephone line had a higher chance of being selected for participation in the survey than households with only one telephone line. Those households that purchased individual insurance policies had a higher incidence of multiple telephones. Those with lower incomes were somewhat more likely to have been without a telephone in the last 12 months. The uninsured rate is conservative; weighting for telephone availability would increase the rate and number of uninsured.
Population	All Montanans
Sample sizes	A total of 5,074 interviews were completed. Total household contacts were 6,747.
Number and/or rate for two or more points in time	For the age group 0 through 18, 17%, or approximately 41,723 children were uninsured at all income levels. 35,900 uninsured children live in households at or below 200% FPL.
Statistical significance of results	95% confidence level

- A. Please explain why the state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.
 CPS data: Of particular concern is systematic under-or over- counting of children in different states. In Montana, under-counting exists, as evidenced by Montana –specific data obtained through the HRSA State Health Planning Grant. CPS indicates 21,000 uninsured, low-income children for the 2001-2003 period. Montana specific data indicates 35,900 uninsured, low-income children, a 59% undercount by CPS.

In October 2003, a report from the State Health Access Data Assistance Center (SHADAC) indicated that between 1999 and 2002 state funding allocations fluctuated on average 22%

per state, or about \$18.5 million up or down. The only way a state can receive additional funds for eligible children is increasing as a percent of the national total its population of low-income insured and uninsured children.

- B. What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

The State has confidence in the reliability of the estimate of uninsured children established by the Montana Household Survey. The Montana Department of Public Health and Human Services, in collaboration with the University of Montana's Bureau of Business and Economic Research and with technical assistance from the State Health Access Data Assistance Center (SHADAC), University of Minnesota, was supported by a grant from the Health Resources and Services Administration, U.S. Department of Health and Human Services. The Research and Analysis Bureau of the Montana Department of Labor and Industry provided additional data and assistance.

The sample size for the 2003 Household Survey was much larger than other samples used for estimating Montana's uninsured rates, such as the Census population Survey (approximately 1,500 households) or the Behavioral Risk Factor Survey (3,100 Montana adults) conducted by the Centers for Disease Control.

Like all surveys, the findings from the 2003 Household Survey have a margin of error associated with them. This five percent margin of error reflects the fact that there is always uncertainty involved in the process of creating statewide estimates from a representative sample of the population.

4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information. ***(States with only a SCHIP Medicaid Expansion Program should skip this question.)***

CHIP has no data on the number of children enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification. Applications for Montana CHIP are screened for possible Medicaid eligibility. If a child appears to be eligible for Medicaid, the application is sent to the child's county Office of Public Assistance for a determination of Medicaid eligibility.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

In the table below, summarize your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Use additional pages as necessary. **Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.** The table should be completed as follows:

Column 1: List your State's general strategic objectives for your SCHIP program and indicate if the strategic objective listed is new/revised or continuing. If you have met your goal and/or are discontinuing a strategic objective or goal, please continue to list the objective/goal in the space provided below, and indicate that it has been discontinued, and provide the reason why it was discontinued. Also, if you have revised a goal, please check "new/revised" and explain how and why it was revised.

Note: States are required to report objectives related to reducing the number of uninsured children. (This/these measure(s) should reflect what was reported in Section IIB, Question(s) 2 and 3. Progress towards reducing the number of uninsured children should be reported in this section.)

Column 2: List the performance goals for each strategic objective. Where applicable, provide the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®).

Column 3: For each performance goal listed in Column 1, please indicate the data source(s); the definition of the population included in the measure (such as age, continuous enrollment, type of delivery system); the methodology used; the baseline measurement and baseline year; and your current performance, including the date of the most recent data reported. For rates, please specify the numerator and denominator that were used to calculate the rates. Please note any comments on the performance measures or progress, such as data limitations, comparisons with external benchmarks, or the like.

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives Related to Reducing the Number of Uninsured Children (Mandatory for all states for each reporting year) (This/these measure(s) should reflect what was reported in Section IIB, Question(s) 2 and 3.)		
<div> <input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> Explain:	Goal #1: Decrease the proportion of children at or below 150% FPL who are uninsured.	Data Source(s): SCHIP data system Definition of Population Included in Measure: Children enrolled in SCHIP, and the number of children referred to Medicaid and children's special health services. Methodology: Unduplicated number of children enrolled in SCHIP, Medicaid, and the Caring Program during FFY 2005 compared with FFY 2004. Baseline / Year: (Specify numerator and denominator for rates) FFY 2004 83,108 enrolled SCHIP – 15,664 Medicaid – 66,594 Caring – 850

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		<p>Performance Progress / Year: (Specify numerator and denominator for rates) FFY 2005 84,262 enrolled SCHIP – 15,841 Medicaid – 67,941 Caring – 480</p> <p>Explanation of Progress: SCHIP and Medicaid continue to refer applications to the appropriate program for the family's needs.</p> <p>Other Comments on Measure: The decrease in Caring Program enrollees is due to lack of funding. As a result, no new children have been enrolled in the last year and there is a lengthy waiting list. A number of children in the Caring Program lost coverage because they turned 19 or failed to re-apply.</p>
<div data-bbox="87 806 293 940"> <input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <p>Explain:</p>	Goal #2:	<p>Data Source(s):</p> <p>Definition of Population Included in Measure:</p> <p>Methodology:</p> <p>Baseline / Year: (Specify numerator and denominator for rates)</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates)</p> <p>Explanation of Progress:</p> <p>Other Comments on Measure:</p>
<div data-bbox="87 1449 293 1583"> <input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <p>Explain:</p>	Goal #3:	<p>Data Source(s):</p> <p>Definition of Population Included in Measure:</p> <p>Methodology:</p> <p>Baseline / Year: (Specify numerator and denominator for rates)</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates)</p>

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		<p>Explanation of Progress:</p> <p>Other Comments on Measure:</p>

Objectives Related to SCHIP Enrollment		
(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<div> <input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <p>Explain:</p>	<p>Goal #1:</p> <p>Enroll approximately 10,900 children monthly who are at or below 150% FPL during FFY 2005</p>	<p>Data Source(s): BCBS enrollment for SCHIP.</p> <p>Definition of Population Included in Measure: Children at or below 150% FPL who were enrolled during FFY 2005.</p> <p>Methodology: Calculate average monthly enrollment and compare it to enrollment target.</p> <p>Baseline / Year: (Specify numerator and denominator for rates) 9,546 average monthly enrollment in FY03 10,704 average monthly enrollment in FY04</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates) 2.97% increase 11,022 average monthly enrollment in 2005</p> <p>Explanation of Progress: For nine months (October 2004 through June 2005), there was a waiting list (enrollment capped at 10,900) and only a limited number were being enrolled off the waiting list. Montana's legislature provided additional funding for SCHIP effective 7/1/2005. On July 1, 2005, 797 new children were enrolled in SCHIP.</p> <p>Other Comments on Measure:</p>
<div> <input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <p>Explain:</p>	<p>Goal #2:</p> <p>Increase the reapplication rate to maintain continuous health coverage for SCHIP eligible enrollees.</p>	<p>Data Source(s): SCHIP data system</p> <p>Definition of Population Included in Measure: Households that were enrolled at the end of 12 months and needed to re-qualify for coverage.</p> <p>Methodology: Compare the number of families whose CHIP coverage ended (eg. 1 Oct. 31) to the number of renewal applications received from the same families.</p> <p>Baseline / Year: (Specify numerator and denominator for rates) FFY 2004 - 4,807 families needed to re-qualify for SCHIP and 4,112 reapplied = 86% reapplication</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates) N/A for 2005</p>

		<p>Explanation of Progress:</p> <p>Because all reports from the SCHIP data system are not fully developed, this information is not available. However, Montana continues to provide three separate notifications prior to disenrolling children because a renewal application was not received. We would estimate the reapplication rate to be approximately the same as FFY 2004.</p> <p>Other Comments on Measure:</p>
--	--	--

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<div data-bbox="87 302 293 436"> <input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <div data-bbox="87 468 168 493">Explain:</div>	<div data-bbox="467 275 565 300">Goal #3:</div>	<div data-bbox="943 275 1114 300">Data Source(s):</div> <div data-bbox="943 363 1419 388">Definition of Population Included in Measure:</div> <div data-bbox="943 451 1089 476">Methodology:</div> <div data-bbox="943 539 1435 594"> Baseline / Year: (Specify numerator and denominator for rates) </div> <div data-bbox="943 657 1435 711"> Performance Progress / Year: (Specify numerator and denominator for rates) </div> <div data-bbox="943 764 1203 789">Explanation of Progress:</div> <div data-bbox="943 852 1265 877">Other Comments on Measure:</div>
Objectives Related to Medicaid Enrollment		
<div data-bbox="87 1001 293 1136"> <input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <div data-bbox="87 1167 168 1192">Explain:</div>	<div data-bbox="467 974 565 999">Goal #1:</div> <div data-bbox="467 1031 500 1056">n/c</div>	<div data-bbox="943 974 1114 1029">Data Source(s): n/c</div> <div data-bbox="943 1060 1419 1085">Definition of Population Included in Measure:</div> <div data-bbox="943 1148 1089 1173">Methodology:</div> <div data-bbox="943 1236 1435 1291"> Baseline / Year: (Specify numerator and denominator for rates) </div> <div data-bbox="943 1344 1435 1398"> Performance Progress / Year: (Specify numerator and denominator for rates) </div> <div data-bbox="943 1451 1203 1476">Explanation of Progress:</div> <div data-bbox="943 1539 1265 1564">Other Comments on Measure:</div>
<div data-bbox="87 1648 293 1782"> <input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <div data-bbox="87 1814 168 1839">Explain:</div>	<div data-bbox="467 1621 565 1646">Goal #2:</div>	<div data-bbox="943 1621 1114 1646">Data Source(s):</div> <div data-bbox="943 1709 1419 1734">Definition of Population Included in Measure:</div> <div data-bbox="943 1797 1089 1822">Methodology:</div>

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		Baseline / Year: (Specify numerator and denominator for rates) Performance Progress / Year: (Specify numerator and denominator for rates) Explanation of Progress: Other Comments on Measure:
<div data-bbox="87 667 293 800"> <input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <div data-bbox="87 831 168 856">Explain:</div>	Goal #3:	Data Source(s): Definition of Population Included in Measure: Methodology: Baseline / Year: (Specify numerator and denominator for rates) Performance Progress / Year: (Specify numerator and denominator for rates) Explanation of Progress: Other Comments on Measure:
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
<div data-bbox="87 1350 293 1482"> <input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <div data-bbox="87 1514 168 1539">Explain:</div>	Goal #1: <div data-bbox="467 1377 899 1661"> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i> <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified.</i> <i>Specify version of HEDIS used.</i> <input type="checkbox"/> Other. <i>Explain.</i> </div>	Data Source(s): Definition of Population Included in Measure: Methodology: Baseline / Year: (Specify numerator and denominator for rates) Performance Progress / Year: (Specify numerator and denominator for rates) Explanation of Progress: Other Comments on Measure:

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<div data-bbox="87 275 293 407"> <input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <p>Explain:</p>	<p>Goal #2:</p> <div data-bbox="467 302 899 583"> <input type="checkbox"/> HEDIS. Specify version of HEDIS used. <input type="checkbox"/> HEDIS-Like. Explain how HEDIS was modified. Specify version of HEDIS used. <input type="checkbox"/> Other. Explain. </div>	<p>Data Source(s):</p> <p>Definition of Population Included in Measure:</p> <p>Methodology:</p> <p>Baseline / Year: (Specify numerator and denominator for rates)</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates)</p> <p>Explanation of Progress:</p> <p>Other Comments on Measure:</p>
<div data-bbox="87 921 293 1054"> <input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <p>Explain:</p>	<p>Goal #3:</p> <div data-bbox="467 949 899 1230"> <input type="checkbox"/> HEDIS. Specify version of HEDIS used. <input type="checkbox"/> HEDIS-Like. Explain how HEDIS was modified. Specify version of HEDIS used. <input type="checkbox"/> Other. Explain. </div>	<p>Data Source(s):</p> <p>Definition of Population Included in Measure:</p> <p>Methodology:</p> <p>Baseline / Year: (Specify numerator and denominator for rates)</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates)</p> <p>Explanation of Progress:</p> <p>Other Comments on Measure:</p>
Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
<div data-bbox="87 1602 293 1734"> <input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <p>Explain:</p>	<p>Goal #1:</p> <div data-bbox="467 1629 899 1911"> <input type="checkbox"/> HEDIS. Specify version of HEDIS used. <input type="checkbox"/> HEDIS-Like. Explain how HEDIS was modified. Specify version of HEDIS used. <input type="checkbox"/> Other. Explain. </div>	<p>Data Source(s):</p> <p>Definition of Population Included in Measure:</p> <p>Methodology:</p> <p>Baseline / Year: (Specify numerator and denominator for rates)</p>

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		Performance Progress / Year: (Specify numerator and denominator for rates) Explanation of Progress: Other Comments on Measure:
<div data-bbox="87 554 293 688"> <input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued </div> <div data-bbox="87 720 168 747">Explain:</div>	<div data-bbox="467 533 565 560">Goal #2:</div> <div data-bbox="467 581 899 867"> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i> <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified.</i> <i>Specify version of HEDIS used.</i> <input type="checkbox"/> Other. <i>Explain.</i> </div>	

2. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

On a quarterly basis, Montana reviews the total number of dental, physician and hospital SCHIP providers within the state to evaluate network adequacy and access to care. If there is a significant change, we review changes to assure no region of the state has an inadequate network of providers. It should be noted that Montana is a frontier state with many areas having no, or limited local access to health care for any payer.

Our insurer, Blue Cross Blue Shield (BCBS) of Montana, submits quarterly Health Care Management Reports that summarize costs and utilization of medical and pharmacy services. CHIP and BCBS meet monthly to discuss program changes, successes and challenges. Access to care and quality of care are the primary areas of discussion.

CHIP monitors and evaluates the utilization of eyeglasses and dental services. These services are provided on a fee-for-service basis and are not part of the BCBS contract.

See CHIP Enrollee Survey is conducted annually. See response to #5 below.

3. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

CHIP continues with the measure listed above. Additionally, we will continue to send families Explanations of Benefits for eyeglasses and dental services for claims processed

4. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

We did not conduct focused quality studies in FFY 2005.

5. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

The 2005 CHIP Enrollee Survey Results and Analysis (attached) is the summary of an annual survey of families whose children are enrolled in Montana's CHIP program. In June 2005, 1,000 surveys were mailed to a random sample of CHIP families. Although families might have more than one child enrolled in CHIP, the random sample was based on selecting no more than one child within the same family. Four hundred six (406) surveys were returned for a 41% response rate.

FINDINGS:

Ö 95% rated their satisfaction with CHIP as very satisfied. On a scale from 0 (completely unsatisfied) to 10 (completely satisfied), 95% rated their overall level of satisfaction with CHIP at a level of 7 or higher. This is slightly lower than last year's 98% result. Sixty-eight percent of 2005 respondents said they were "completely satisfied" with CHIP compared with 73% in 2005.

Ö 88% rated their provider between 7 and 10 (0 being the worst and 10 being the best personal provider possible).

Ö 99% rated their overall understanding of CHIP at a level of 7 or higher (on a scale of zero to 10 (understand completely)).

Ö 29% reported their child received preventive care. After an increase during the past three years, this dropped back to the 2002 level.

Ö 86% reported their child had not used the emergency room during the last six-month period. This is 1% more than the last survey.

Ö 93% reported their child did not receive fewer services than other patients. The few who did report a difference mainly mentioned low funds and a lack of dental services.

Ö 87% rated their child's dental care at a level of 7 or higher (on a scale of 0 to 10 (best care possible)).

Ö 78% reported using the BlueCHIP Enrollee Handbook. Ninety-nine (99) percent of those who used the handbook found it very or somewhat useful.

Enter any Narrative text below.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period?

From January through June of 2005, Montana had a waiting list of CHIP-eligible children. Because of the waiting list, we chose to focus on educating families whose children were enrolled or on the waiting list about health and safety issues. We shared information about the following topics in our quarterly newsletters: lead poisoning, how to handle dental emergencies, safety and protective equipment children should use when participating in sports activities, reducing tobacco use, and eye examinations for infants.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?

The media campaign Montana conducted in August and September 2000 was the most effective outreach activity to date. Montana is planning another media campaign beginning in January 2006. The campaign will tentatively include newspaper and radio advertising. Medical associations (hospital, physician, dental, pharmacy, etc) have also been contacted to gain support from their individual members. Several medical providers have already agreed to or CHIP fact sheets and applications displayed in their offices or stores. We believe families are likely to pick up information when they're paying for medical care, picking up a prescription, or scheduling another appointment.

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?

Montana is primarily rural so most of our outreach is directed to rural communities. We distribute current CHIP informational materials and applications through schools, meet with Montana employers/employees on request, and attend hospital open houses and community health fairs throughout Montana.

We attended numerous Montana Native American meetings and celebrations this year and distributed CHIP information and applications. This is proving to enhance our relationships with the tribes and has made inroads into educating the different tribes about CHIP benefits and changes in program policies. Our goal is to have more Native American children enrolled in CHIP as a response to our efforts.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program above 200 through 250% of FPL must complete question 1. All other states with trigger mechanisms should also answer this question.

1. Does your state cover children between 200 and 250 percent of the FPL or does it identify a trigger mechanism or point at which a substitution prevention policy is instituted?

- ☐ Yes
☒ No
☐ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

States with separate child health programs over 250% of FPL must complete question 2. All other states with substitution prevention provisions should also answer this question.

2. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

☐ Yes
☒ No
☐ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.).

All States must complete the following 3 questions

3. Describe how substitution of coverage is monitored and measured and the effectiveness of your policies.

The CHIP application asks whether children currently have health insurance or whether they have had health insurance during the previous three months. Children must be uninsured for three months before being eligible for CHIP. (Some employment related exceptions apply.)

The BlueCHIP Enrollee Handbook and CHIP material also notify families that their children are not eligible if they have other health insurance coverage.

Our insurer, Blue Cross Blue Shield of Montana (BCBSMT) compares the CHIP monthly enrollment file with their database for individual and group policyholders and notifies us if a child has other insurance coverage. Since BCBSMT is the largest insurance carrier in Montana, we believe this is an effective procedure for monitoring substitution of coverage.

Medical providers also notify CHIP and BCBSMT when it appears a CHIP enrollee has other insurance coverage. CHIP staff investigates to determine if other creditable coverage is in effect and, if so, notifies the applicant that the child's CHIP coverage will be terminated.

4. At the time of application, what percent of applicants are found to have insurance?

No data is available regarding children having health insurance at the time of application. Determining this figure is a priority during FFY 2006.

5. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP?

No data is available regarding the incidence of applicants substituting group health coverage with CHIP coverage.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.

SCHIP and Medicaid do not have the same redetermination procedures. Medicaid requires documentation of household income, resources and any other pertinent change. SCHIP accepts self-declaration of income. A Quality Assurance Program audits a random sampling of applications with eligible children.

To expedite the renewal process, SCHIP pre-populates the family's renewal application with information from the family's previous application (e.g., names, dates of birth, ID numbers, etc.). Families must update income information and note other changes (e.g., family members who have moved in or out, etc.), sign, date and return the application so SCHIP can determine whether the family continues to qualify for coverage. Medicaid does not provide pre-populated applications to families whose Medicaid eligibility needs to be redetermined.

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain.

An electronic referral process was developed in 2005 to automatically refer children who lose or are denied Medicaid (for reasons other than failure to comply) to SCHIP. Our challenge has been getting applications for children who have another family member with ongoing Medicaid coverage (e.g., disabled adult) to refer electronically. During the interim that SCHIP was working on the electronic referral programming, Offices of Public Assistance have made hard copy referrals to SCHIP. The reprogramming was recently completed and SCHIP is testing the process to ensure its accuracy.

All children who apply for SCHIP are screened for Medicaid eligibility. Children determined to be potentially eligible for Medicaid are forwarded to the family's local Office of Public Assistance for a determination of Medicaid eligibility. SCHIP coverage is denied for children determined eligible for Medicaid. Children who are ineligible for Medicaid will be eligible for SCHIP so long as all other eligibility criteria are met.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

The delivery systems are not the same although providers are frequently enrolled in both programs' networks. SCHIP contracts with Blue Cross Blue Shield of Montana (BCBSMT) to enroll and provide support for medical, allied and hospital providers. We contract with Affiliated Computer Services, Inc. (ACS) to enroll and support dental and eyeglasses providers. SCHIP, Medicaid and the Montana Department of Corrections have a bulk-purchasing contract with

Walman Optical, Inc. for eyeglasses. Both SCHIP and Medicaid state staff provide support for their respective networks and delivery systems.

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

- ☐ Conducts follow-up with clients through caseworkers/outreach workers
- ☒ Sends renewal reminder notices to all families
 - How many notices are sent to the family prior to disenrolling the child from the program?
Three (3)
 - At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)
Families receive the following renewal mailings: 1) 9 1/2 months after eligibility was determined, a post card advising the family that the renewal application will be sent shortly, 2) the pre-populated renewal application is mailed 10 months after eligibility was determined, and 3) a reminder notice mailed 11 months after eligibility was determined, if the renewal application has not been returned.
- ☐ Sends targeted mailings to selected populations
 - Please specify population(s) (e.g., lower income eligibility groups)

☐ Holds information campaigns

☒ Provides a simplified reenrollment process,

Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application)

SCHIP provides families with a four page pre-populated renewal application. The family notes changes to the information (e.g., family members who have moved, school attendance, etc.) plus enters current income received. Renewal applications for individuals who are potentially eligible for Medicaid are forwarded for a determination of Medicaid eligibility.

☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment
please describe:

☐ Other, *please explain:*

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

Improving the renewal materials and implementing a renewal application that was shorter and easier to complete resulted in an increased number of returned renewal applications, reduced the time required to process the application and resulted in more CHIP children receiving continuous coverage.

3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- ☒ Yes
☐ No
☐ N/A

When was the monthly report or assessment last conducted?

The last report for FFY 05 was conducted in September 2005.

9.89% - turned age 19

37.38% - became eligible for Medicaid

11.13% - obtained other health insurance

1.69% - no longer residing at home

7.73% - no longer residing in Montana

.58% - child eligible for state employee health insurance

.11% - child died

22.84% - application was closed

2.64% - unable to locate the family

1.89% - audit documentation not provided

.71% - audited income exceeds guidelines

.04% - incarcerated

.58% - transferred into another family

2.6% - failed to comply with Medicaid requirements

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
4,500	1,708	38	1,028	23	445	10	424	9	895	20

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information.

SCHIP data system

COST SHARING

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

During the FFY 2005 SCHIP Survey of Families Who Did Not Renew CHIP Coverage, families were asked their reasons for not re-applying for SCHIP and cost-sharing was not mentioned as a barrier by respondents.

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found?

N/A

3. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found?

N/A

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

1. Does your State offer a premium assistance program for children and/or adults using Title XXI funds under any of the following authorities?

- ☐ Yes, please answer questions below.
☒ No, skip to Section IV.

Children

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Premium Assistance under the State Plan
 - ☐ Family Coverage Waiver under the State Plan
 - ☐ SCHIP Section 1115 Demonstration
 - ☐ Medicaid Section 1115 Demonstration
 - ☐ Health Insurance Flexibility & Accountability Demonstration
 - ☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Adults

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Premium Assistance under the State Plan (Incidentally)
 - ☐ Family Coverage Waiver under the State Plan
 - ☐ SCHIP Section 1115 Demonstration
 - ☐ Medicaid Section 1115 Demonstration
 - ☐ Health Insurance Flexibility & Accountability Demonstration
 - ☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)
2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
 - ☐ Parents and Caretaker Relatives
 - ☐ Childless Adults

3. Briefly describe your program (including current status, progress, difficulties, etc.)

4. What benefit package does the program use?

5. Does the program provide wrap-around coverage for benefits or cost sharing?

6. Identify the total number of children and adults enrolled in the premium assistance program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).

_____	Number of adults ever-enrolled during the reporting period
_____	Number of children ever-enrolled during the reporting period

7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured?

8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced?

9. During the reporting period, what accomplishments have been achieved in your premium assistance program?

10. What changes have you made or are planning to make in your premium assistance program during the next fiscal year? Please comment on why the changes are planned.

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured?

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured?

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.)**

Enter any Narrative text below.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period =Federal Fiscal Year 2005. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED SCHIP PLAN

	2005	2006	2007
Benefit Costs			
Insurance payments	13,228,073	20,853,336	22,535,012
Managed Care	0	0	0
per member/per month rate @ # of eligibles	118	125	135
Fee for Service	1,548,975	2,126,700	2,126,700
Total Benefit Costs	14,777,048	22,980,036	24,661,712
(Offsetting beneficiary cost sharing payments)	0	0	0
Net Benefit Costs	\$ 14,777,048	\$ 22,980,036	\$ 24,661,712

Administration Costs

Personnel	618,427	633,016	639,346
General Administration	427,118	1,202,971	1,071,640
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	85,927	109,671	109,671
Outreach/Marketing costs	11,396	111,396	111,396
Other N/A	0	0	0
Health Services Initiatives	0	0	0
Total Administration Costs	1,142,868	2,057,054	1,932,053
10% Administrative Cap (net benefit costs ÷ 9)	1,641,894	2,553,337	2,740,190

Federal Title XXI Share	12,788,469	19,874,442	20,844,193
State Share	3,131,447	5,162,648	5,749,572

TOTAL COSTS OF APPROVED SCHIP PLAN	15,919,916	25,037,090	26,593,765
---	------------	------------	------------

2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☒ Tobacco settlement
- ☒ Other (specify) Tobacco taxes

Enter any Narrative text below.

2005 - The per memberper month charges do not include dental and eyeglasses costs. Those costs equal \$11 per member per month.

2006 & 2007 - The per member per month charges do not include dental and eyeglasses costs. Those costs equal \$11.25 per member per month. Wrap around mental health benefits are being added in 2006.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

1. If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

3. What have you found about the impact of covering adults on enrollment, retention, and access to care of children?

4. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2005 starts 10/1/04 and ends 9/30/05).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2005	2006	2007	2008	2009
---	------	------	------	------	------

Benefit Costs for Demonstration Population #1 (e.g., children)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2 (e.g., parents)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #2					

**Benefit Costs for Demonstration Population #3
(e.g., pregnant women)**

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

**Benefit Costs for Demonstration Population #4
(e.g., childless adults)**

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs

(Offsetting Beneficiary Cost Sharing Payments)

Net Benefit Costs (Total Benefit Costs - Offsetting
Beneficiary Cost Sharing Payments)

Administration Costs

Personnel					
General Administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share

State Share

TOTAL COSTS OF DEMONSTRATION

--	--	--	--	--	--

When was your budget last updated (please include month, day and year)?

Please provide a description of any assumptions that are included in your calculations.

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP.

During the 2005 legislative session, SCHIP was allocated additional general fund and tobacco tax revenue. This allowed SCHIP to enroll all children off the waiting list effective 7/1/2005 and provides for additional enrollment up to a maximum of 13,900.

Additionally, Montana's Community Health Centers, National Health Service Corp sites, Migrant and Indian Health clinics have reported a marked increase in services to low income or uninsured children and families. Service usage increased by 21% from 2002 to 2003 (most recent data available).

2. During the reporting period, what has been the greatest challenge your program has experienced?

The greatest challenge Montana faced during this reporting period was renegotiation of the contract with its insurance carrier. Meetings were held almost weekly and the process still took nearly three months to complete. While premiums did increase, the increase was less than half originally requested by the contractor. There is a contingency clause in case the contractor's claims experience is higher than the state anticipates.

During FFY 2005, Montana continued to develop its SCHIP data system. As with any new data system and a developing program, the system has needed tweaking and enhancing to assure it conforms to the needs of Montana's CHIP policy.

3. During the reporting period, what accomplishments have been achieved in your program?

- 1) Montana developed a new application that is four pages in length, colorful and user friendly. Associated brochures were also updated to assure accuracy.

- 2) An on-line application was also developed so families can download the application from the Internet, fill it out and mail it to SCHIP within minutes.

- 3) Montana's 2005 legislature increased state funding so more qualifying children could be enrolled in SCHIP.

- 4) The legislature also provided funding for two additional staff members to handle the increased workload associated with enrollment of more children.

- 5) SCHIP continues to conduct outreach efforts in Native American communities. Staff attended several tribal fairs and participated in conferences directed toward Native Americans' health care needs.

6) SCHIP was part of a rapid response team that addressed employees' needs when a business was closing its doors and/or laying off a number of employees. Information was provided to individuals whose children would be losing their health insurance coverage.

7) Montana's CHIP Dental and Eyeglass Coordinator moderated two sessions (Dentistry 101 and Mobile Dental Care Systems) at the National Oral Health Conference in Pittsburgh, Pennsylvania during May 2005.

8) With the implementation of Montana's new data system, application-processing time has been dramatically reduced.

9) The referral process between Offices of Public Assistance (Medicaid) and SCHIP has improved and families receive a pre-populated SCHIP application shortly after Medicaid benefits have been denied or closed.

10) Montana conducted a dental recruiting campaign and 15 additional dentists enrolled as SCHIP providers.

11) Montana negotiated its FFY 2006 contract with Blue Cross Blue Shield and premiums did not increase exponentially.

12) Conducted a SCHIP Provider Survey (see attached report).

4. What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned.

1) Montana's State Plan will be reviewed and amended, as appropriate.

2) Montana will implement a paperless (electronic) filing system to improve the efficiency of the eligibility determination, enrollment and referral processes.

3) We will work with our contractor, Northrup Grumman, to finalize the implementation of our eligibility, enrollment and reporting system.

4) Montana's SCHIP office will be relocating. We anticipate the move will occur sometime in February. We are striving to ensure our 'down time' is minimized so families and providers receive uninterrupted service.

Enter any Narrative text below.